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PTO/SB/50 (4/98)

Approved for use through 09/30/2000. OMB 0651-0033

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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## REISSUE PATENT APPLICATION TRANSMITTAL

Address to:

Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

Attorney Docket No.	226/132
First Named Inventor	Robert C. Dixon
Original Patent Number	5,850,600
Original Patent Issue Date (Month/Day/Year)	12/15/98
Express Mail Label No.	EL524788042US

APPLICATION FOR REISSUE OF:  
(check applicable box)

Utility Patent



Design Patent



Plant Patent

## APPLICATION ELEMENTS

- \* Fee Transmittal Form (PTO/SB/56)  
(Submit an original, and a duplicate for fee processing)
- Specification and Claims (amended, if appropriate)
- Drawing(s) (proposed amendments, if appropriate)
- Reissue Oath / Declaration (original or copy)  
(37 C.F.R. § 1.175)(PTO/SB/51 or 52)
- Original U.S. Patent  
 Offer to Surrender Original Patent (37 C.F.R. § 1.178)  
(PTO/SB/53 or PTO/SB/54)  
or  
 Ribboned Original Patent Grant  
 Affidavit / Declaration of Loss (PTO/SB/55)
- Original U.S. Patent currently assigned?  
 Yes  No

(If Yes, check applicable box(es))

Written Consent of all Assignees (PTO/SB/53 or 54)  
 37 C.F.R. § 3.73(b) Statement  Power of Attorney

## ACCOMPANYING APPLICATION PARTS

- Foreign Priority Claim (35 U.S.C. 119)  
(if applicable)
- Information Disclosure Statement (IDS)/PTO-1449  Copies of IDS Citations
- English Translation of Reissue Oath/Declaration  
(if applicable)
- \* Small Entity Statement(s)  Statement filed in prior application, (PTO/SB/09-12)  Status still proper and desired
- Preliminary Amendment
- Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
- Other: .....

\*NOTE FOR ITEMS 1 & 10: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).

## 14. CORRESPONDENCE ADDRESS

 Customer Number or Bar Code Label

22249

or  Correspondence address below

(Insert Customer No. or Attach bar code label here)

PATENT TRADEMARK OFFICE

Name	Lyon & Lyon LLP				
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NAME (Print/Type)	Stephen D. Hemphager	Registration No. (Attorney/Agent)	30,755
Signature			Date

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

Express Mail #EL524788042US

Docket No. 226/132

June 14, 2000

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## REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)  
226/132

## Claims as Filed - Part 1

Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A) 20	Total Claims (37 CFR 1.16(j))	(B) 25	**** 5 = x \$ ____ =	or	18	90.00	
(C) 3	Independent Claims (37 CFR 1.16(i))	(D) 5	* 2 = x \$ ____ =		78	156.00	
Basic Fee (37 CFR 1.16(h))				\$ ____		\$ ____	
Total Filing Fee				\$ ____	OR	\$ 936.00	

## Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	* = x \$ ____ =	or	x \$ ____ =		
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	= x \$ ____ =		x \$ ____ =		
Total Additional Fee				\$ ____	OR	\$ ____		

\* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

\*\* If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

\*\*\* After any cancellation of claims

\*\*\*\* If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

\*\*\*\*\* "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

Please charge Deposit Account No. \_\_\_\_\_ in the amount of \_\_\_\_\_.  
A duplicate copy of this sheet is enclosed.

The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 12-2475.  
A duplicate copy of this sheet is enclosed.

A check in the amount of \$ 936.00 to cover the filing / additional fee is enclosed.

6/14/00  
Date

Signature of Applicant, Attorney or Agent of Record

Steven D. Hemminger

Typed or printed name

Express Mail #EL524788042US

Docket No. 226/132

June 14, 2000